

*B8***SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Chief of Criminal Appeals  
 Illinois Attorney General's Office  
 100 W. Randolph St., 12th Flr.  
 Chicago, IL 60601

2. Article Num  
*(Transfer to)*

7006 0100 0001 7312 6998

PS Form 3811, February 2004

Domestic Return Receipt

102598-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**
 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No**RECEIVED**

JUL 28 2008

3. Service Type

 Office Of The Attorney General  
 Certified Mail       Express Mail  
 Registered       Office Services  
 Insured Mail       Return Receipt for Merchandise  
 C.O.D.
 4. Restricted Delivery? (Extra Fee)  Yes

UNITED STATES POSTAL SERVICE


 First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

\* Sender: Please print your name, address, and ZIP+4 in this box \*

United States District Court (08cv4113),  
 Northern District of Illinois  
 219 S. Dearborn St., 20th Flr.  
 Chicago, IL 60604

**RECEIVED**

AUG 07 2008

08cv4113

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**F I L E D**Aug 7, 2008  
AUG 07 2008 PHMICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT